

BINGHAM RURAL DISTRICT COUNCIL.

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ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1950.

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RURAL DISTRICT OF BINGHAM.

ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH  
for the YEAR 1950,

with the REPORT of the CHIEF SANITARY INSPECTOR  
and CLEANSING SUPERINTENDENT.

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To/

The Chairman and Members of the  
BINGHAM RURAL DISTRICT COUNCIL.

Ladies and Gentlemen,

I beg to present my annual report for the year 1950 along with the report of the Chief Sanitary Inspector.

Another year has passed in which the preservation of initiative and determination in the face of disappointments must be a local authority's main source of satisfaction. Postponements, delays, reversals, and even blank refusals, have been the common experience. In spite of it all the will to persevere is as strong as ever and if once again one has to report no material progress in the major schemes of water supply and sewerage the blame cannot be laid at this Council's door.

Fortunately house-building continues, if in a somewhat laborious and halting fashion. But it is restricted to certain parishes and the others have to wait for water before new houses can be built. When this embargo was imposed it seemed both wise and bearable. A deterioration in the economic situation cannot now make its introduction unwise but its operation must be well nigh intolerable to those whose hopes of a piped water supply for their village have so long been deferred. With the coming of the water still in prospect a change of policy is neither likely nor desirable. When building becomes possible in these unfortunate villages it may be that we shall be in a better position to deal with the consequences that follow a plentiful supply of piped water. At the moment this would be a problem. It must be remembered, too (but this remark is more philosophical than comforting to the sufferers) that the supply of new houses is rationed and had all the unwatered villages had a small quota of houses it would have been at the expense of those which are benefiting now. To some extent the indebtedness of the latter has been acknowledged by the allocation of houses to people from other parishes whose need has been urgent.

The problem of an inadequate water supply has had to be met increasingly by cartage from the nearest main. When this practice was commenced it was thought to be a very temporary and limited expedient but the deferment of the extension scheme has made it necessary to meet more and more demands, besides establishing the practice on a basis more permanent than was ever anticipated. Old sources of supply are going out of use and cannot be recovered. When demands for a more frequent delivery are made one suspects that the old custom of rain water conservancy, and the advantages of soft water for many purposes, are being forgotten.

The postponement of sewerage schemes must not be allowed to continue much longer. A strain is being put on obsolete, or barely existent, means of disposal which some day will reach breaking point. A medical officer's greatest fear is always, of course, the possibility of the water supply becoming contaminated.

/It

It is therefore a relief to remember that the water supply extension scheme really has passed the paper stage. When the surface wells are eliminated, even if sewerage still halts, our nuisances will be more unpleasant than dangerous.

Towards the end of the year there began an epidemic of measles and whooping cough which carried on into the current year and which proved greater than any since notification of these two diseases was introduced in 1940. Along with it appeared influenza, more widespread than for some years. Colds were also prevalent at the time and altogether mothers had a harassing time.

The increased incidence of poliomyelitis which began in 1947 was again manifest in its season - summer and autumn - and lack of previous experience will continue to cause uneasy minds about the future. The situation throughout the world is being closely watched and every possible way in which the disease can be studied is being used. A special report to the Medical Research Council on every case that occurs has now to be made.

It is comforting to remember how the menace of diphtheria has been eliminated. If the process of immunisation is time-consuming, somewhat monotonous, and requiring no special skill, one can find solace in the thought that one is saving lives. All preventive medicine is life-saving but it is not always that one can relate cause and effect so easily or so dramatically. A study of the figures in the appropriate section of this report will illustrate this.

I acknowledge the ready help of my colleagues at all times and thank them for their contributions to the statistics appearing in this report.

I am,  
Ladies and Gentlemen,  
Yours faithfully,  
Wm. B. WATSON.

August 1951.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health	W.B. Watson, L.R.C.P., L.R.C.S., D.P.H.
Chief Sanitary Inspector	T. Allwood, M.S.I.A., C.R.S.I.
Additional Sanitary Inspector	J.R. Clifton, M.S.I.A., A.R.S.I.
Surveyor	C.W. Kendrick, Cert. R.S.I., M.I.Mun. & Cy.E.

STATISTICS.    ❧

Area of District	...    ...	67,583 acres.
Registrar-General's estimate of resident population (including armed forces) mid-1950.	...    ...	19,870
Number of inhabited houses	...    ...	5,428
Rateable value	...    ...	£109,596
Product of penny rate per annum	...    ...	£448

			<u>Total</u>	<u>M.</u>	<u>F.</u>
Live Births	...	...	278	151	127
Birth Rate (per 1,000 population) ..	...		14	(Eng. & Wales 15.8)	
			<u>Total</u>	<u>M.</u>	<u>F.</u>
Deaths	...	...	228	126	102
Crude Death Rate (per 1,000 population) ..			11.5	(Eng. & Wales 11.6)	
Corrected Death Rate (per 1,000 population)			10.2		
Death Rate of infants under one year of age (per 1,000 live births)	...	...	21.6	(Eng. & Wales 29.8)	

There was one maternal death.


❧ The population figure and the vital statistics calculated thereon take account of the armed forces stationed in the area.



ANNUAL REPORT of the  
MEDICAL OFFICER of HEALTH, 1950.

CORRECTION.

On page 4 a comment is made on what appeared to be a false birth rate. On 15th. Sept., after the report had been printed and presented to the Public Health Committee, the Registrar-General issued revised comparability factors for births and deaths. That for deaths makes little difference but the new factor for births (1.08) gives a corrected birth rate of 15.1 which is certainly more accurate than the one appearing in the report (14.0, crude, 14.25, corrected).



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## POPULATION.

This year the confusion caused by having two figures, one for civilians, the other for civilians plus armed forces, has been avoided by issuing an inclusive figure. The vital statistics are calculated on this figure and, of course, deaths in the forces are included in the figure of total deaths. For some reason or other the Registrar-General has reduced his estimate of the total population by 528.

The figures of the 1951 census are awaited with special interest on this occasion because we shall then know with what degree of accuracy the estimations based on registrations and rationing have been made.

## BIRTH RATE.

If we were to take the rates in the table at their face value we would conclude that the local birth rate was falling steadily like the national one. Actually there were three births more in 1950 than in 1949. The change over from a figure for the civilian population to one for the total population has brought about a false rate for 1950. Indeed it will continue to be a false rate in future years for the added non-civilians weight the population and they do not contribute to the number of births (families on military and air force stations rank as civilians). If one uses the civilian population for estimating the birth rate for 1950 the figure is 15.6. Had the Registrar-General not reduced the estimate of population by 528 the birth rate for 1950 would have appeared in the table as 13.6.

This all goes to show how dependent we are on a reliable estimate of the population for accurate vital statistics. It is true that the Registrar-General has supplied a comparability factor for births as well as deaths this year but if it is to compensate for the weighting by the non-civilian population it will have to be a good deal bigger. It is 1.02. If the rate 14.0 is multiplied by this one gets only 14.25. It would require to be about 1.1 to bring the figure of 14.0 to 15.6. It seems likely that the factor has no regard whatever for the armed forces but is meant entirely for the civilian population.

## DEATH RATE.

What has been said about the effect of the new inclusive figure of population on the birth rate applies equally to the death rate but of course the lowering of a death rate is a matter for congratulation - if it is genuine - whereas a low birth rate is rather a stigma. The death rate for 1950 calculated on a civilian population would be, crude 12.8, and, corrected (using the comparability factor for 1949) 10.6. Thus although the crude rate is falsely low an increase in the comparability factor for 1950 has compensated to some extent for the change in the way of presenting the figure of population.

It seems a pity that there should be this break in the comparability of the vital statistics over the years, due to a change in the method of presenting the figure of population. Unless a comparability factor which would take account of this weighting of the population by a special class of person - contributing materially to the population but not affecting the numbers of births and deaths - is furnished in future any table of vital statistics covering the years before and after 1950 will require to have a dividing line drawn between the figures for 1949 and those for 1950 to direct attention to the break in comparability. In the case of births the discrepancy is considerable in 1950. In the case of the deaths the compensation is better but not enough.



Year	Live Births			Deaths				Infant Mortality		
	Total Number	Rate per 1,000 population	England and Wales	Total Number	Crude rate per 1,000 population	Corrected Rate	England and Wales	Rate per 1,000 live births	England and Wales	Population
1938	212	13.0	15.1	175	10.7	8.8	11.6	38	53	16,290
1939	209	12.6	15.0	181	10.8	8.8	12.1	29	50	16,820
1940	216	12.5	14.6	228	13.2	-	14.3	63	55	17,280
1941	241	13.6	14.2	197	11.1	-	12.9	33	59	17,660
1942	238	13.9	15.8	171	10.0	-	11.6	21	49	17,090
1943	271	16.2	16.5	215	12.9	-	12.1	44	49	16,690
1944	278	16.9	17.6	203	12.4	-	11.6	40	46	16,420
1945	254	15.7	16.1	163	10.1	-	11.4	24	46	16,150
1946	284	17.3	19.1	191	11.6	-	11.5	46	43	16,430
1947	334	19.6	20.5	220	12.9	-	12.0	45	41	17,000
1948	302	16.6	17.9	180	9.9	-	10.8	40	34	18,148
1949	275	15.0	16.7	224	12.2	10.1	11.7	33	32	18,338
1950	278	14.0 +	15.8	228	11.5 +	10.2 +	11.6	22	30	19,870 <sup>±</sup>

+ See comments on this rate.

<sup>±</sup> Now includes armed forces.

The above table presents for comparison some of the Vital Statistics of the District and of England and Wales for the past 13 years.

### MATERNAL MORTALITY.

There was one maternal death. The national maternal mortality rate was 0.86 (per 1,000 live and still births). Fifteen years ago when the national campaign was launched to remove the blot of a high maternal mortality rate from the nation's copy book the rate was about six times as high (about 5.0). This campaign was one the introduction of which needed courage and determination on the part of its initiators, for it meant intrusive enquiries into the circumstances of maternal deaths, but their conviction has been justified and their courage rewarded. Fortune has favoured the bold by introducing the modern drugs which have done so much to prevent or to overcome puerperal sepsis.

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### FOOT-NOTE TO VITAL STATISTICS.

Just as the above comments were completed in draft the preliminary figures of the 1951 census were published. The figure of population is 20,556 an increase of 686 over the Registrar-General's estimate for mid-1950. The discrepancy cannot be looked upon as trivial and, taken as it stands, does not commend recent methods of estimating the population. However, the acceptability of these methods cannot be judged by the figure of one district. One would like to know what induced the Registrar-General to lower the figure for 1950 by so much as 528. Had he left it at the figure for 1949 the census population would have been only 158 different and that small difference could well have been attributed to the usual increase in a period of nine months - between mid-1950 and April, 1951 - for we must remember we are attempting to compare figures belonging to different dates.

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### NATIONAL ASSISTANCE ACT, Section 47.

One case was dealt with during the year under this power and an Order obtained for the removal of the person concerned to an establishment administered by the County Welfare Committee. Removal was not effected and there are some facts which should be put on record as adding to the knowledge being acquired throughout the country in the operation of this statute.

The person concerned was a woman of 84, living alone and without near relatives. She was perfectly well mentally but incapacitated by a fall some years before and a "stroke" subsequently. She was unable to move about the room. She resisted any suggestion of going away. She had consented previously but had been very unhappy in the home to which she was admitted and had returned home.

The crisis was reached when a County Council home help, recruited locally, withdrew her services. One or two neighbours and the district nurse helped while Court proceedings were pending. When a Court Order was obtained the prospect of a compulsory removal was so distasteful to the Council's medical officer of health that the procedure was postponed in the hope that the old lady would change her attitude. This meant attendance by someone or other two or three times every day and as long as this essential service was performed the old person's consent was unobtainable.

But the district nurse was giving more of her time than she could properly spare and the good neighbours were by no means people of leisure and had other strong claims on their time. Thus the Council's medical officer was faced with the choice between effecting a very distasteful - and possibly disastrous - removal by force and continuing to exploit the good will of others while, himself, not materially contributing to the easement of the situation. Thus time crept on for many months without any change in the attitude of the invalid and, to their eternal credit,

/without



NATIONAL ASSISTANCE ACT, Section 47. (Continued).

without the slightest grumbling on the part of the helpers. Meantime the Court Order was allowed to lapse. It was not until the epidemic of catarrhal illness began during December that the situation altered. The old lady was confined to bed with bronchitis and at last realised that the claim on the good will of her neighbours was beyond all reason. But now, without the statutory obligation imposed by the Act, would a bed be forthcoming? First the patient's name was put on a hospital waiting list, then, on her recovery from the bronchitis, the application was transferred to the County Welfare Department. At last the name was said to be at the head of the list but alas! a recurrence of the bronchitis took place and in a day or two the patient solved the problem for herself in the way she had always wanted, but sooner than she had expected.

No comments are necessary: no recriminations: only an expression of gratitude to those who so nobly took on themselves this charitable work so that a neighbour might be spared the consequences of her obstinacy - a very natural obstinacy be it admitted. The story provides food for reflection and adds to the knowledge of the working of the social services in these difficult times.

WATER.

During the year the village of Flawborough received a piped water supply through the extension of the main from Orston. This was in accordance with a promise made by the water undertakers that in this special case an exception would be made to the rule that all the waterless parishes must await the operation of the complete scheme of works, which makes the building of a new high level reservoir and the laying of new trunk mains into and through the district the first essentials.

Difficulties of supply and labour have held up the commencement of these major works. At the time of reporting last year the most recent obstacle was the death of a contractor. Now it is the shortage of iron for pipes, gas mains having apparently been given priority in this area.

Other small extensions not involving much strain on the present supply have been made but most of the new work has been to supply new houses.

There seems to be no point in reproducing once more the table showing the position in the various parishes, especially as it is almost impossible to bring it up to date accurately in its details. Many new connections are made without the information becoming immediately available to the local authority.

TENTS, VANS AND SHEDS.

There is little to add to what was said in the report for 1949. The promise of some national clarification of the position has not yet been fulfilled. Locally an effort is being made to aggregate caravans on sites specially prepared or approved and to stop the sporadic appearance over-night of single caravans in almost any place, some blatantly unconscious of any offence, others seeming to hide their guilt. It is a time for toleration but the potentialities of official blindness are perturbing and leniency begets defiance.

As the day when the housing shortage will be overcome seems as far off as ever it is worth considering whether it would not be best for local authorities to aim at catering for two classes of caravan dwellers, those who are making their homes in caravans and those who are caravanning for recreation. The

/former

TENTS, VANS AND SHEDS. Continued.

former must be confined to well prepared sites with conveniences, perhaps not specially desired by the tenants but necessary from the point of view of public health; the latter might be allowed more freedom to enjoy the primitive life. How much freedom they are allowed must depend on the length of their stay. If they are setting up permanently, from choice, they must be dealt with as tenants of temporary houses and the same standards exacted. Such a scheme would at least eliminate the surreptitious interloper who arrives casually with an appearance of impermanence but the duration of whose stay is apt to be determined by the attitude of the local authority. These could be visited at once, their intentions ascertained, and their disposal determined with certainty and insistence instead of in the hesitating and procrastinating way that prevails at present, forced on the local authority for want of a standard practice. Much of the difficulty arises through the inability of the inspecting officer to direct offenders to licensed sites, either as a permanency or for holiday periods.

SEWERAGE.

There is little progress to be recorded in the major schemes now before the Ministry. This continuing delay does not just keep us where we were but aggravates the already serious state into which we had fallen when the schemes were prepared. Building is proceeding, people are improving their sanitation and more water is being used while the means of disposal remain stationary. As I have said before the schemes now awaiting sanction are only a commencement. By this time further schemes should have been ready. Certainly a piped water supply to all parishes is the first essential but the advancement in our ways of living makes a continuance of our present sewerage system in some parishes intolerable. Moreover delay is adding needless expense in the employment of special and temporary measures of disposal.

HOUSING.

The following figures relating to the year 1950 are supplied by the Surveyor:-

Permanent houses completed by private enterprise	-	10
" " " " local authority	-	54
Temporary houses completed by private enterprise	-	nil
" " " " local authority	-	25
Conversions by private enterprise resulting in additional family units	-	4

While the waiting list seems as big as ever and hard cases abound the removal of the restricting effect of the priority given to agriculture has been very apparent and allowed of the allocation of houses to many of the worst cases on the list, including the tuberculous and others with special medical needs. There will always be criticism of a council's methods of allocation and, whatever their methods, of their actual decisions, but more philosophy and less emotion might be engendered in the minds of applicants if they could see the amount of effort expended by committees in the faithful and honest assessment of claims. As long as the shortage is such as to produce this keen rivalry there will be heart-burning but surely, on the other hand, this close competition must mean that councils cannot go far wrong in their decisions.



## FOOD.

The Ice Cream Regulations are now fully operative. They affect this district only indirectly, however, as vendors of comparatively small quantities are preferring to buy their ice cream rather than make it. Time will tell whether the Regulations are going to eliminate outbreaks of food poisoning of this origin. Certainly they should reduce the risk tremendously but of course there is always the human factor to be borne in mind.

As regards food in general the projected Guild for this part of the country has not yet been formed but the publicity given to it helped to awaken the conscience of the food-handler and the public. There is the Food and Drugs Act itself, and now the Bylaws, to help us in our campaign and with a greater consciousness of what food poisoning is and how it is caused we should see steady progress. We must beware of success causing forgetfulness and carelessness.

## INFECTIOUS DISEASE.

The following table shows the incidence, etc., of the notifiable diseases during the year.

<u>Disease</u>	<u>Notifications</u>	<u>Isolated in Hospital.</u>	<u>Deaths</u>
Scarlet Fever	15	6	-
Measles	101	-	-
Whooping Cough	62	-	-
Paratyphoid Fever	1	1	-
Poliomyelitis	4	4	1
Pneumonia	3	-	9
	186	11	10

✕ The deaths from pneumonia are unrelated to the notifications. Notification of pneumonia is very incomplete.

Some comments on the incidence of infectious disease have already been made in the introduction to this report.

The control of scarlet fever gives some difficulty. It is a mild disease just now but as infectious as ever. "Isolation" at home is tempting to parents, and to the medical officer of health (who has to justify his request for a hospital bed) but the temptation has to be resisted in some cases. It will be noticed that six out of the fifteen patients had to be sent to hospital. So often there is some drawback to home isolation, either through the presence of other children in a small house or because of the occupation of the father.

The four cases of poliomyelitis could hardly have presented a greater contrast. The fatal case (a boy of 4) was the dangerous "bulbar" type, there was a woman of 20 who showed no paralysis at all, a boy of 12 who had been ill for a fortnight before the doctor was called in and who got off very lightly, and a girl of 2 who was left severely crippled but who has improved with further treatment.

## DIPHTHERIA AND IMMUNISATION.

For the last year or two I have recorded in my annual report the number of children immunised through the public health department and shown what percentage these figures were of the number of births for the previous year. In the figures for 1949 there was a marked reduction in the percentage and the hope was expressed that this falling away was being made good by the private practitioners.

/With



DIPHTHERIA AND IMMUNISATION. Continued.

With the revelation by the Ministry of Health that in 1950 there were about 176,000 fewer babies immunised than in 1949 it seems advisable to try and find out more exactly what is the position locally. Previous omissions to record the number immunised privately are attributable to the fact that the information was incomplete. The information should now be more reliable because the scheme of payment for the transmission of information between practitioners and local authority is now in operation and figures are becoming available nearer the period to which they apply. Consequently this year the table has been extended to show the number immunised by private practitioners and the total number for the district.

Number of Children Immunised in 1950.

<u>Primary Immunisations.</u>							No. of children under 5 immunised expressed as a percentage of the births of the previous year	<u>Reinforcing Injections</u>
Year	<u>Local Authority</u>		<u>Private Practitioners</u>		<u>Totals</u>		Local Authority	Private
	Under 5	5-15	Under 5	5-15	Under 5	5-15		
1947	217	13					76 %	66
1948	211	15					63 %	112
1949	143	5	91	4	234	9	77	121 10
1950	148	6	29	1	177	7	64	124 15

No figures are available for those done privately before the operation of the National Health Service.

% Local Authority only.

The high figure of 91 primary immunisations by general practitioners in 1949 is caused by late returns for 1948. Even bearing these inaccuracies in mind it would seem that there has been a local falling away, especially when one finds that the total percentage is now no greater than the percentage formerly attained by the medical officer of health alone.

It has always been realised that diphtheria immunisation would by its very success make its continuance difficult. It remains to be seen whether a preventive measure like this can be kept up by propaganda alone without the presence of the disease in our midst to excite our fears. The experience of smallpox vaccination suggests that indifference will grow. But smallpox has to be imported whereas diphtheria is with us potentially all the time. So far as one can see a position of unstable equilibrium will be reached in which the reduction in the percentage of immunised children allows cases of diphtheria to occur more frequently, thus driving parents to immunisation again, only to forget about it again later, and so on. Experience in the early days of immunisation, before the evidence of its efficiency had been appreciated by the public and when a considerable number of cases of diphtheria were still occurring amongst the unimmunised and frightening the waverers, suggests that this is the position likely to be reached in the future.

As regards the incidence of diphtheria, apart from a notification of a doubtful case at Saxondale Hospital in 1949, there has not been a notification in this district since 1946.

/Nationally

DIPHTHERIA AND IMMUNISATION. Continued.

Nationally the figures for 1949 were: notifications, 1,897 (corrected after final diagnosis), compared with 46,281 in 1940 (uncorrected figure); deaths 85, compared with 2,480 in 1940. The figures for 1950 are not yet available but they are believed to be even better.

In these days when the soaring costs of the medical services and the apparently increasing incidence of diseases requiring medical treatment are matters of daily comment it is pleasing to be able to quote such figures and to emphasise what they mean in terms of money, nurses, and beds. Assuredly diphtheria immunisation is well worth while.

TUBERCULOSIS.

In common with the rest of the country the number of cases of tuberculosis on the register increases. This does not necessarily mean that tuberculosis is increasing, although such a possibility must not be discarded. It is confidently believed to be due to better and earlier ascertainment. This belief is supported to some extent by the improvement in the death rate (deaths from tuberculosis in England and Wales fell by 20% in 1950). Whether or not more people are developing tuberculosis in a clinically recognisable form the prolongation of life in the tuberculous will tend to increase the number on the register - and in our midst - and it behoves the infectious patient, his advisers, and all public health officers to do all they can to prevent the spread of infection. The benefits of modern treatment are gratifying but there never has been a disease to which one could apply the precept "Prevention is better than cure" with more conviction.

There is considerable doubt about the wisdom of dividing the control of tuberculosis between the hospital board and the local authority, introduced by the Act of 1948. The new arrangement is not being allowed to take root in an atmosphere of apathy and it seems certain that if a reasonable period of trial does not justify the experiment the most acceptable alternative will be adopted. Meantime the scheme introduced in this County a few years ago whereby the district medical officer of health is kept better informed of the clinical condition and general circumstances of the patient is slowly developing and by its success emphasising the previous lack.



REPORT  
of the  
CHIEF SANITARY INSPECTOR  
and  
CLEANSING SUPERINTENDENT.

The following is the Tabular Statement required to be furnished by the Sanitary Inspector to the Medical Officer of Health under Article 27(18) of the Sanitary Officers' (Outside London) Regulations, 1935.

1950

		<u>Inspections</u>	<u>Re-Inspections</u>
Dwelling Houses	...	1,272	288
Rural Housing Survey	...	-	374
Nuisances	...	253	428
Disinfections and Disinfestations	...	111	89
Cowsheds	...	22	17
Slaughter-houses	...	20	5
Food Premises	...	194	176
Factories	...	17	2
Camping Sites	...	45	80
Cottagers' Pigs	...	94	2
Miscellaneous	...	468	-
		<u>2,496</u>	<u>1,461</u>

1. Total number of complaints received or registered ... 197
2. Total number of inspections made ... 3,957
3. Total number of notices served during the year:-

(a) Informal ... 224  
(b) Statutory ... 21

4. Total number of notices complied with during the year:-

(a) Informal ... 202  
(b) Statutory ... 20

CAMPING SITES.

- |  |     |     |    |
|--|-----|-----|----|
| 1. Number of camping sites licensed        | ... | ... | 3  |
| 2. Number of caravans licensed for camping | ... | ... |    |
| purposes in the area                       |     |     | 13 |
| 3. Number of licences refused              | ... | ... | 8  |

FACTORIES.

		<u>Number inspected</u>
1. Number of factories using power	... 56	13
2. Number of factories without power	... <u>21</u>	<u>6</u>
	<u>77</u>	<u>19</u>

Unsatisfactory conditions found:-

Defective sanitary conveniences ... 1 has been remedied.

HOUSING.

1. Inspection of dwelling houses during the year:-

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts.) ... 1,272  
(b) Number of inspections made for the purpose ... 1,560



HOUSING. (Continued.)

1. Inspection of dwelling houses during the year: (Continued.)
  - (2) (a) Number of dwelling houses which were inspected under the Rural Housing Survey 374
  - (b) Number of inspections made for the purpose 374
  - (3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 12
  - (4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... 522
2. Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses repaired in consequence of informal action by the local authority or their officers ... 207
3. Action under Statutory Powers during the year:-
  - (a) Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936.
    - (1) Number of dwelling houses in respect of which notices were served requiring repairs 6
    - (2) Number of dwelling houses which were rendered fit after service of formal notices ... 6
  - (b) Proceedings under Public Health Acts:-
    - (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... 19
    - (2) Number of dwelling houses in which defects were remedied after service of informal notices:-
      - (a) By owners or occupiers 12
      - (b) By Local Authority 7
  - (c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:-
    - (1) Number of dwelling houses in respect of which Demolition Orders were made ... 4
    - (2) Number of dwelling houses demolished in pursuance of Demolition Orders ... 5
  - (d) Proceedings under Section 12 of the Housing Act, 1936.
    - (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... Nil.
    - (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... Nil.



## CONVERSIONS.

Under the provisions of the Public Health Act, 1936, Section 47, the Council make a grant of up to £10 or half the cost, whichever is the least, towards the cost of converting earth closets to water closets. During 1950, 56 conversions to water closets were carried out.

## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

	<u>Milk Retailers</u>	<u>Milk Producers</u>
Number on register - 31st. December, 1950	60	320
Number of inspections ...		34
Number of defects or unsatisfactory conditions observed ...		8
Number of defects or unsatisfactory conditions remedied ...		8

### Meat Inspections.

Number of slaughter houses licensed at the end of the year ...	Nil
Number of licences revoked during the year ...	Nil
Number of inspections of slaughter-houses ...	25
Number of defects or unsatisfactory conditions observed ...	13

### Carcasses Inspected and Condemned.

Number inspected ...	97
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### All Diseases except Tuberculosis.

Whole carcasses condemned ...	Nil
Carcasses of which some part or organ was condemned ...	10
Percentage of the number inspected affected with disease other than tuberculosis ...	11%

### Tuberculosis Only.

Whole carcasses condemned ...	Nil
Carcasses of which some part or organ was condemned ...	17
Percentage of the number inspected affected with tuberculosis ...	18%

### Inspection of Food and Food Premises.

Total number of inspections of shops, stalls, vehicles, or places where food is sold or prepared ...	194
Number of defects found ...	28
Number of defects remedied ...	19

INSPECTION AND SUPERVISION OF FOOD. (Continued.)

Foodstuffs Condemned:-

<u>Nature of Foods Condemned</u>	<u>Reason for Condemnation</u>	<u>Weight (in lbs.)</u>
<u>Tins.</u>		
22 Milk	Faulty tins.	16
13 Peas	do.	12
8 Fruit	do.	12
1 Carrots	do.	1
14 Beans	do.	9
5 Jam	do.	5
3 Marmalade	do.	3
10 Soup	do.	7
7 Meat	do.	8
10 Fish	do.	6
6 Fruit Juice	do.	6
1 Spaghetti	do.	$\frac{1}{2}$
1 Mincemeat	do.	1
1 Syrup	do.	$\frac{1}{2}$
1 Pudding	do.	$1\frac{1}{2}$
<u>Bottles.</u>		
1 Sauce	Mouldy	$\frac{1}{2}$
1 Horlicks	do.	$\frac{1}{2}$
<u>Fish Fillets.</u>	Putrefying.	140

Ice Cream.

Number of premises registered for the sale and storage of ice cream	...	21
Number of premises registered for the manufacture, storage, and sale of ice cream		1
Number of registrations refused	...	1

WATER.

It was necessary to contract to supply water twice per week to the houses in the parishes of Granby, Langar-cum-Barnstone, Kinoulton, Hickling Pastures, Cotgrave, Flawborough, Elton and Flintham.

Water was also supplied to isolated houses in several other parishes and standpipes are provided at Colston Bassett, Widmerpool, Langar and Orston.

SCAVENGING.

A fortnightly collection of household refuse was maintained in the district with the exception of isolated houses.

Pan and Cesspool Emptying.

Work done during the year 1950:-

<u>3 Vehicles.</u>		<u>Totals</u>	<u>Weight tons</u>
Number of pans emptied	...	115,150	-
" " loads of nightsoil	...	654	1,962
Number of cesspools emptied	...	286	-
" " loads from cesspools	...	311	933
Mileage	...	18,296	
Number of pans per week	...	2,214	

SCAVENGING. (Continued.)

Refuse Collection.

<u>3 Vehicles.</u>		<u>Totals</u>	<u>Weight</u> tons
Number of dustbins emptied	...	156,541	-
" " loads of refuse	...	1,560	4,330
Mileage	...	27,723	
Number of dustbins per week	...	3,010	

SALVAGE.

During the major portion of the year there was no market for salvaged materials but it was pleasing to note that in the last month the market was again becoming active.

RATS AND MICE DESTRUCTION ACT, 1949.

Details of treatments carried out by the Council's Rodent Operative during the year 1950:-

Premises inspected	...	2,264
Re-visits	...	2,454

Infestations Treated:-

Premises where the Council have contracts	...	38
Private houses	...	274
Business premises	...	45
Council properties	...	24
Estimated number of rats killed	...	2,785
Number of bodies recovered	...	1,255

